

South Dakota Department of Health
**Pandemic Influenza Community Planning Grant
Phase III – New Planning Projects**



NEW PLANNING PROJECTS

Planning for pandemic influenza requires the involvement of every level of our nation. The very nature of an influenza pandemic compels federal, state, local and tribal governments, communities, businesses, families, and individuals to learn about, prepare for, and collaborate in efforts to slow, respond to, minimize, and recover from a potential pandemic. The development, refinement, and exercise of pandemic influenza by all stakeholders are critical components of preparedness.

Of all the levels of planning, community planning is most crucial because it is at the community level where response measures must be carried out. To be effective, these response measures must have widespread community assistance and support. The purpose of community planning efforts is to ensure a coordinated and effective community response to pandemic influenza with the intent of:

- Limiting the spread of a pandemic within South Dakota;
- Minimizing disease, suffering and death within the community; and
- Sustaining community infrastructure and minimizing the impact to the economy and society.

To accomplish this purpose, the South Dakota Department of Health (SDDOH) is soliciting proposals to develop local pandemic influenza response plans.

WHO MAY APPLY

South Dakota municipalities, counties, tribal entities, healthcare entities, and community organizations are eligible to submit applications for funds. Cooperative applications with surrounding communities and/or counties are encouraged and will receive preference during proposal evaluation.

FUNDS AVAILABLE

Approximately \$200,000 in federal funding is available to assist in the development of local pandemic influenza control plans. It is anticipated the average award amount will be \$35,000. The SDDOH anticipates a July 1, 2008 start date for those entities receiving funding. This is Phase III funding and it is anticipated that additional federal planning funding will be available in the future.

APPLICATION AND SUBMISSION INFORMATION

Prospective applicants are asked to submit a notice of intent to apply for funding. Although a notice of intent is not required and is not binding, it is helpful to the SDDOH in estimating the number of applications which will be received. The notice of intent should be sent to:

Office of Public Health Preparedness and Response
South Dakota Department of Health
600 East Capitol Avenue
Pierre, SD 57501-2536
bill.chalcraft@state.sd.us
rick.labrie@state.sd.us

The SDDOH proposed schedule for awarding proposals is outlined below:

Activity	Date
RFP Issued	May 9, 2008
Applications Due	June 13, 2008
Award Notice	June 25, 2008
Start Date	July 1, 2008

Applications should be limited to no more than five single-sided pages, not including cover page, budget, and letters of support. Applications must be received by the SDDOH by June 13, 2008 and should be sent to the address above.

TECHNICAL ASSISTANCE

Questions regarding the request for proposals should be directed to Bill Chalcraft at 605-773-3907 or bill.chalcraft@state.sd.us and Rick LaBrie at 605-773-7377 or rick.labrie@state.sd.us.

CONTENT AND FORM OF APPLICATION SUBMISSION

Applicants should utilize the following outline for submission of proposals. These are the minimum elements of a comprehensive local pandemic influenza response plan which need to be addressed in proposed plans.

Section 1. Cover Page

The first page of the application must be the attached application cover page.

Section 2. Description of Area to be Covered

Describe the geographic area to be covered by the local pandemic influenza control plan as well as an estimate of the number of people within the geographic area.

Section 3. Cooperative Arrangements (if applicable)

Describe how the cooperative arrangement will work and with which municipality, county, tribal government, healthcare entities, or other community organizations the co-op is entered with. Preference will be given to those submitting applications with cooperative arrangements.

Section 4. Planning Group

Applicants must include a variety of the following community representatives in their planning efforts. At a minimum, the following groups should be represented on the community planning group, if present within the coverage area:

1. Healthcare -i.e., hospitals, clinics, long term care, EMS, home health, assisted living, tribal/IHS, mental health.
2. Public Health -i.e., community health nurses, IHS, tribal health services, city health departments.
3. Government - i.e., city, county and tribal government, local emergency planning committee.
4. Critical Community Infrastructure -i.e., law enforcement, fire, water system operators, electricity suppliers, fuel suppliers, food suppliers, telecommunication providers, mortuary services.
5. Schools -i.e., elementary/junior high/high schools, technical institutes, universities/colleges, day care.
6. Business/industry -i.e., retail, agriculture, manufacturing, shipping.

7. Faith/Community Organizations/Volunteers -i.e., religious organizations, civic groups, volunteer organizations active in disasters.
8. Individual/Family - i.e., congregate housing, individual families. If possible, brief letters of support or commitment from those agreeing to serve on the planning group should be included with the application.

Section 5. Plan Development

The applicant must describe the process that will be used to develop, exercise and maintain the community response plan. Applicant shall describe how partner participation in the development of a local pandemic influenza control plan will be ensured. The application must identify the role and responsibilities of each participant in the planning process.

Local pandemic influenza response plans shall address the following components - healthcare, public health, government, critical community infrastructure, schools, business/industry, faith/community organizations/volunteer, and individual/family. The following provides some examples of issues to be considered in a local plan.

1. Healthcare - plan for impact of a pandemic on facility, establishment of internal planning committee, develop written plan, participation in community/regional planning, participation in drills/exercises, adoption of recommendations for infection control, vaccination of direct care staff, real-time tracking of cases/beds/deaths, development/implementation of transport plans/bed utilization plans, identification of alternate care sites, and identification of offsite isolation facilities.
2. Public Health - plan for coordination of activities with state and federal efforts including surveillance, isolation/quarantine, public information, continuity of operations, laboratory services, and alerts/advisories to response partners.
3. Government - plan for impact of a pandemic on community, provision of key leadership for local planning, identification of capabilities and resources, delineation of accountabilities/responsibilities, continuation of operations and essential services, identification of special populations, and plan for community recovery.
4. Critical Community Infrastructure - plan for impact of pandemic on delivery of critical products/services, continuity of operations, and workers health/safety.
5. Schools - plan for impact of pandemic on institution, health and safety of staff/ students, plan for school closures, and plan for suspension of public gatherings.
6. Business/industry - plan for impact of pandemic on business/employees/customers, allocation of resources to protect employees/customers, communication to and education of employees, coordination with external organization to help community.
7. Faith/Community Organizations/Volunteers - plan for impact of pandemic on organization; communication with and education of staff/members/individuals served, establishment of policies to follow during a pandemic, allocation of resources to protect staff/members/ individuals served, coordination with external organizations to help community, and provision of daily needs to support home isolation.
8. Individual/Family - impact of pandemic on family, plan to limit spread of germs and prevent infection, preparations for extended stay at home, and work with civic/religious organizations to help community plan and respond.

Applicants are strongly encouraged to conduct a needs assessment to identify gaps to implementing their plan.

Applicants will be required to submit three quarterly progress reports throughout the year. At the completion of the one-year project period, applicants will be required to submit a final pandemic influenza control plan for their area.

Section 6. Budget

Funds awarded may be used for the following items:

1. Staff time necessary to support planning activities;
2. Travel for partners to attend planning meetings;
3. Meeting facilities, materials, supplies, etc.
4. Contractor to assist with plan development and/or needs assessment; and
5. Exercise of local plans.

Funds may not be used for equipment purchases (i.e., computers, printers, copiers, etc.), construction, or purchase of antiviral medications.

Please be informed that Phase III funding may be available to Phase I or Phase II community planning projects that have identified needs, or gaps, as a result of conducting an exercise or a needs assessment. There is a separate application process to fund those identified needs or gaps at the following website address: <http://flu.sd.gov/pandemic>.

Funds will be awarded in one installment at the beginning of the project.

If awarded funding, applicants will be required to submit a signed W-9 form to the SDDOH in order to receive payments.

EVALUATION CRITERIA

The following criteria will be used by the SDDOH in evaluating proposals:

- **Community Partners (20 points)**
Applicant has demonstrated involvement of relevant community partners as evidenced by letters of support or commitment.
- **Plan Development (50 points)**
Applicant has demonstrated an understanding of the minimum content areas outlined in Section 5 (above) and the proposal outlines a realistic plan
- **Budget (20 points)**
Applicant has submitted a realistic budget for the development of their local pandemic influenza control plan. All items outlined in the budget are eligible for funding.
- **Cooperative Application (10 points)**
Applicant has included more than one jurisdiction in their proposed community planning efforts.